

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101798434 | FILING DATE

APPLICANT(S)

3-12-04

CLAIMS

AS Filed	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2				
3	/			
4	/			
5	/			
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47	/			
48	/			
49	/			
50	/			
TOTAL IND.		□		□
TOTAL DEP.		□		□
TOTAL CLAIMS				

3-12-04					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
52	/				
53	/				
54	/				
55	/				
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	2	0		0	
TOTAL DEP.	64	0		0	
TOTAL CLAIMS	66				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS